ASS. RECBY: Taufik REF: CSG/LPC2300.198/TVY3-1

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

OD / TP / WS / TP RES / OD RES / EVA / INV / MV

To Inspect Vehicle No: _____

at Workshop m/s _____ _____

of _____

Insured: GBJ 5346T

Policy No. _____

Claims No. 22/23/23/VC05/026797

Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

Remark: The veh had commenced its repair at the time of inspection.

	N/S	O/S

$77 R.

Bal. or Market Value: _____

IDA.C Accident Rport: _____ Consistent? : Yes or No

GIA / PR Seen: _____ Consistent? : Yes or No

Est. Repairs: _____ days Res.: Yes or No

Lum Sum: _____ % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS WP / PRS

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: SKB 72384 Yr Regn: 2010, Oct. 2050 Oct.

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover / Truck / Trailer or _____

Make: Mercedes Benz C180K. c.c 1597.

Colour Black A/C: Insured / Std / Nil / NA

Sp.Reading 154589 T/Radio: Insured / Std / Nil / NA

Eng/No: _____

C/No: WDD 2040 432 14-426247.

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or _____

Brake: Inorder / Jammed / Leaked / Burnt or _____

Modi : Nil / S/Rim / STD A/Rim or _____

Tyre Size: F: 225/45 R18

R: "

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or Falken

Front		Rear	
R/Bal.	6 mm	R/Bal.	6 mm
L/Bal.	6 mm	L/Bal.	6 mm

D.O.A. 1/1/2023 D.O.I. 10/1/23 3:30 pm

Survey held at FOK Auto

Des. of Damages : Frt / Rear / O/S / N/S / U/C / Rooftop or N/S Frt

The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
11/1/23	Submit PRS
23/3/23	Submit LS $2900 (red 4500, 60%)

Date/Time, File Pass to? 1) _____ ☐ : Preli. Report ☐ : Final Report

Date/Time, File Return to? 2) 23/3/23-typist

Days Of Repair: 3

Resurvey No. of Trip: _____

Survey Fee: _____

Transportation: _____

Photos _____

Other _____

Add Fee: ☐ : Site Insp ($ _____) ☐ : Interview ($ _____) ☐ : Tech. Insp ($ _____) ☐ : Weekend ($ _____)

Report Format : _____

Lump Sum / I.B.I. (% _____)